

119TH CONGRESS  
1ST SESSION

# H. R. 3750

To direct the Secretary of Defense to carry out a pilot program to provide certain members of the Armed Forces with continuous glucose monitoring technology.

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 5, 2025

Mr. BUCHANAN introduced the following bill; which was referred to the  
Committee on Armed Services

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## A BILL

To direct the Secretary of Defense to carry out a pilot program to provide certain members of the Armed Forces with continuous glucose monitoring technology.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Fostering Operational  
5       Readiness through Continuous Evaluation of Fitness with  
6       Integrated Technology Act” or the “FORCE-FIT Act”.

1 **SEC. 2. CONTINUOUS GLUCOSE MONITORING PILOT PRO-**  
2 **GRAM.**

3 (a) PILOT PROGRAM.—The Secretary of Defense  
4 shall carry out a pilot program under the TRICARE pro-  
5 gram under which the Secretary provides covered mem-  
6 bers with continuous glucose monitoring technology to as-  
7 sess the effects of real-time metabolic health tracking and  
8 early intervention on improving—

9 (1) the health of the members; and

10 (2) force readiness.

11 (b) PARTICIPATION.—The Secretary shall require a  
12 covered member to participate in the pilot program under  
13 subsection (a) if the Secretary identifies the member as  
14 being in either the Partially Medically Ready category or  
15 the Not Medically Ready category of the Individual Med-  
16 ical Readiness program.

17 (c) DATA.—

18 (1) EXCLUSIVE USES.—The Secretary may use  
19 the health information of a covered member collected  
20 under the pilot program under subsection (a) only  
21 for the purposes of—

22 (A) carrying out the pilot program, includ-  
23 ing with respect to furnishing information to  
24 the Comptroller General of the United States  
25 pursuant to subsection (g)(1);

1 (B) providing health care, including pre-  
2 ventative care, to the member pursuant to chap-  
3 ter 55 of title 10, United States Code; and

4 (C) conducting the Individual Medical  
5 Readiness program.

6 (2) NO USE FOR MEDICAL DISCHARGES.—The  
7 Secretary may not use the health information of a  
8 covered member collected under the pilot program  
9 under subsection (a) in separating or discharging  
10 the member from the Armed Forces under chapter  
11 61 of title 10, United States Code.

12 (3) PROHIBITION ON NONGOVERNMENTAL  
13 USE.—A nongovernmental entity that provides con-  
14 tinuous glucose monitoring technology under the  
15 pilot program under subsection (a), or otherwise  
16 provides services under the pilot program, may  
17 not—

18 (A) retain any rights to health information  
19 of a covered member collected under the pilot  
20 program;

21 (B) use such information except as author-  
22 ized by this section; and

23 (C) may not retain such information after  
24 such authorized use is completed.

1 (d) PROVISION OF INFORMATION AND SERVICES.—

2 The Secretary shall provide covered members participating  
3 in the pilot program under subsection (a) with—

4 (1) information regarding metabolic health  
5 awareness; and

6 (2) education and services to improve force  
7 readiness.

8 (e) TRAINING.—The Secretary shall—

9 (1) provide medical professionals of the military  
10 departments with in-person training on the back-  
11 ground, procedures, and reporting requirements of  
12 the pilot program under subsection (a); and

13 (2) establish shared educational resources and  
14 training materials that may be used by all the mili-  
15 tary departments.

16 (f) DURATION.—The Secretary shall carry out the  
17 pilot program under subsection (a) for a five-year period.

18 (g) REPORTS.—

19 (1) COMPTROLLER GENERAL.—

20 (A) INITIAL.—Not later than three years  
21 after the date on which the Secretary com-  
22 mences the pilot program under subsection (a),  
23 the Comptroller General of the United States  
24 shall submit to the Committees on Armed Serv-  
25 ices of the House of Representatives and the

Senate a report on the pilot program, including—

(i) a comparison of the rates of members in the Partially Medically Ready category or the Not Medically Ready category of the Individual Medical Readiness program during 2025 and during the third year in which the pilot program is carried out; and

(ii) recommendations to improve the pilot program.

(B) FINAL.—Not later than five years after the date on which the Secretary commences the pilot program under subsection (a), the Comptroller General shall submit to the Committees on Armed Services of the House of Representatives and the Senate a report on the pilot program, including—

(i) an assessment of the effectiveness of the recommendations under subparagraph (A)(ii); and

(ii) a determination by the Comptroller General regarding whether the pilot program should be extended.

1           (2) DOD.—Not later than five years after the  
2           date on which the Secretary commences the pilot  
3           program under subsection (a), the Secretary shall  
4           submit to the Committees on Armed Services of the  
5           House of Representatives and the Senate a report on  
6           the pilot program, including—

7                   (A) data regarding the use and efficacy of  
8                   the pilot program;

9                   (B) how the pilot program affected force  
10                  readiness; and

11                  (C) any recommendations by the Secretary  
12                  to improve the pilot program.

13       (h) DEFINITIONS.—In this section:

14           (1) The term “covered member” means a mem-  
15           ber of the Armed Forces serving on active duty who  
16           meets any of the following criteria:

17                   (A) The member has been diagnosed with  
18                   prediabetes.

19                   (B) The member has been diagnosed with  
20                   type 2 diabetes and does not take insulin.

21                   (C) The member has had gestational dia-  
22                   betes.

23                   (D) The member is overweight or obese.

24           (2) The term “Individual Medical Readiness  
25           program” means the program specified in Depart-

1       ment of Defense Instruction 6025.19, or successor  
2       instruction.

3           (3) The term “TRICARE program” has the  
4       meaning given that term in section 1072 of title 10,  
5       United States Code.

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